

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Docket Number (Optional) 325772019400																									
Application Number 09/662,176		Filed	September 14, 2000																								
For PARTS-MANAGEMENT SYSTEM, METHOD OF MANAGING PARTS AND PARTS-MANAGEMENT APPARATUS																											
Art Unit 3627		Examiner	M. A. Cuff																								
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="1"> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> <th></th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> <td>\$ 120.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> <td>\$795</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> <td>\$1080</td> <td>\$</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  <input type="checkbox"/> A check in the amount of the fee is enclosed.  <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to          Deposit Account Number <u>03-1952</u> I have enclosed a duplicate copy of this sheet. Fee          Transmittal form (PTO/SB/17) is attached to this          submission in duplicate.       </p> <p>         I am the <input type="checkbox"/> applicant/inventor.  <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.          Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  <input type="checkbox"/> attorney or agent of record. Registration Number _____  <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.          Registration number if acting under 37 CFR 1.34 <u>38,503</u>  <u>Wayne C. Jaeschke, Jr.</u>  <u>Wayne C. Jaeschke, Jr.</u>          Typed or printed name       </p> <p> <u>January 31, 2005</u>          Date  <u>(703) 760-7756</u>          Telephone Number       </p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>					Fee	Small Entity Fee		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
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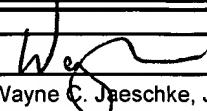


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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	09/662,176
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	September 14, 2000
<b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> <b>120.00</b>		First Named Inventor	Toshiyuki YAMASHITA
		Examiner Name	M. A. Cuff
		Art Unit	3627
		Attorney Docket No.	325772019400

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments					

<b>FEE CALCULATION</b>								
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>								
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>			
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fees Paid (\$)</b>	
	Utility	300	150	500	250	200	100	_____
	Design	200	100	100	50	130	65	_____
	Plant	200	100	300	150	160	80	_____
	Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____	
<b>2. EXCESS CLAIM FEES</b>								
<b>Fee Description</b>								
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent <b>Fee (\$)</b> <b>Small Entity</b> 50      25								
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent <b>Fee (\$)</b> <b>Small Entity</b> 200      100								
Multiple dependent claims <b>Fee (\$)</b> <b>Small Entity</b> 360      180								
<b>Total Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b> <b>Multiple Dependent Claims</b> <u>16</u> - 20 = <u>  </u> x <u>  </u> = <u>  </u> <u>  </u> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>								
<b>Indep. Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b> <u>3</u> - 3 = <u>  </u> x <u>  </u> = <u>  </u> <u>  </u> <u>  </u>								
<b>3. APPLICATION SIZE FEE</b>								
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<b>Total Sheets</b> <b>Extra Sheets</b> <b>Number of each additional 50 or fraction thereof</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b> <u>  </u> - 100 = <u>  </u> /50 <u>  </u> (round up to a whole number) x <u>  </u> = <u>  </u> <b>Fee Paid (\$)</b>								
<b>4. OTHER FEE(S)</b>								
Non-English Specification, \$130 fee (no small entity discount) <u>  </u>								
Other: <u>1251 Extension for response within first month</u> <u>120.00</u>								

<b>SUBMITTED BY</b>					
Signature			Registration No. (Attorney/Agent)	38,503	Telephone
Name (Print/Type)	<u>Wayne C. Jaeschke, Jr.</u>		Date	<u>January 31, 2005</u>	